

WASHINGTON STATE
DEPARTMENT OF ECOLOGY

Send To:

Washington Department of Ecology
Attn: DW Notifications
P.O. Box 47658
Olympia, WA 98504-7658
(206) 407-6737

REC'D	DEC 28 1994
LOG	JAN 03 1995
REVIEW	59 JAN 03 1995
G/WAC	
WA	

RECEIVED
JAN 11 1995
FORM 2

WASTE MANAGEMENT DIVISION
NOTIFICATION OF DANGEROUS WASTE ACTIVITIES

NOTE: Failure to properly and completely fill out your form may delay processing and/or cause your form to be returned for completion. Associated page number of instructions follow each section.

1. NOTIFICATION (Please select one of the following choices) (p. 6)	
1.a. <input type="checkbox"/> New Notification (complete entire form)	OR 1.b. <input checked="" type="checkbox"/> Existing EPA Site ID# WA D980976310 If 1.b., choose desired action below and fill in effective date.
	<input checked="" type="checkbox"/> Revise Notification (complete entire form) <input type="checkbox"/> Reactivate Site ID# (complete entire form) <input type="checkbox"/> Withdraw Site ID# (skip sections 9 and 10) <input type="checkbox"/> Cancel Site ID# (skip sections 9 and 10)
	Effective date: 11 22 94 MM DD YY
2. TYPE OF BUSINESS CONDUCTED AT THIS SITE: (p. 7) Tug & Barge Repair Terminal	
3. NAME OF INSTALLATION (p. 7) CROWLEY MARINE SVC T-105	
4. LOCATION OF INSTALLATION (p. 7) Street 4260 WEST MARGINAL WAY SW (T-105) City or Town SEATTLE County KING State WA Zip 98106	
5. INSTALLATION MAILING ADDRESS (p. 7) Street or P.O. Box P.O. BOX 2287 City SEATTLE State WA Zip 98111-2287	
6.a. INSTALLATION CONTACT (p. 7) Name (Last) METCALF (First) BILL Job Title MANAGER - MGR Phone Number 206-937-1260	
6.b. INSTALLATION CONTACT MAILING ADDRESS (p. 8) Street or P.O. Box P.O. BOX 2287 City SEATTLE State WA Zip 98111-2287	
7.a. INSTALLATION OWNERSHIP (name and address of legal owner of business) (p. 8) Name CROWLEY MARINE SERVICES INC Street or P.O. Box 155 GRAND AVENUE City OAKLAND State CA Zip 94612	
7.b. INSTALLATION OWNERSHIP TYPE (p. 8) Please circle the appropriate letter to the right which best describes the legal status of the current owner of the business.	F = Federal S = State I = Tribal Trust P = Private C = County M = Municipal D = District O = Other
7.c. PROPERTY OWNERSHIP (name and address of legal owner of this land) (p. 8) Name CROWLEY MARINE SERVICES Street or P.O. Box 155 GRAND AVENUE City OAKLAND State CA Zip 94612	
7.d. PROPERTY TYPE (p. 8) Please circle the appropriate letter to the right which best describes the legal status of the land on which the business is located.	F = Federal S = State I = Tribal Trust P = Private C = County M = Municipal D = District O = Other

11/2/95
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8.a. EPA Site ID# (p. 8)

WA D980976310

8.b. NAME OF INSTALLATION (Same as Section No. 3) (p. 8)

CROWLEY MARINE SVC. T-105

9. TYPE OF REGULATED WASTE ACTIVITY (Mark "X" in the appropriate boxes) (p. 9)

A. Dangerous Waste Activity		B. Used Oil Fuel Activities
1. Generator <input type="checkbox"/> a. Greater than 1000 kg/mo (2,200 lbs.) <input type="checkbox"/> b. > 100 to 1000 kg/mo (220-2,200 lbs.) <input checked="" type="checkbox"/> c. Less than 100 kg/mo (220 lbs.) d. Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Batch <input type="checkbox"/> One-time only	<input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions. <input type="checkbox"/> 4. Dangerous Waste Fuel <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketers <input type="checkbox"/> c. Boiler and/or Industrial Furnace <input type="checkbox"/> 1. Smelter Deferral <input type="checkbox"/> 2. Small Quantity Exemption Indicate Type of Combustion Device(s) <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 5. Underground Injection Control <input type="checkbox"/> 6. Immediate Recycler <input type="checkbox"/> 7. Permit by Rule Facility	1. Used Oil Fuel Marketer <input type="checkbox"/> a. Marketer Directs Shipment of Used Oil to Off-Specification Burner <input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications 2. Used Oil Burner - Indicate Type(s) of Combustion Device(s) <input type="checkbox"/> a. Utility Boiler <input type="checkbox"/> b. Industrial Boiler <input type="checkbox"/> c. Industrial Furnace 3. Used Oil Transporter - Indicate Type(s) of Activity(ies) <input type="checkbox"/> a. Transporter <input type="checkbox"/> b. Transfer Facility 4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies) <input type="checkbox"/> a. Process <input type="checkbox"/> b. Re-refine
2. Transporter (Indicate Mode in boxes 1-5 below) <input type="checkbox"/> a. For own waste only <input type="checkbox"/> b. For commercial purposes Mode of Transportation: <input type="checkbox"/> 1. Air <input type="checkbox"/> 2. Rail <input type="checkbox"/> 3. Highway <input type="checkbox"/> 4. Water <input type="checkbox"/> 5. Other - specify: _____		

10.a. WASTE DESCRIPTIONS (p. 12) Wastes from vessel maintenance such as:
used batteries, waste paint & related materials

10.b. WASTE CODES (p. 12)

1. Characteristics (WAC 173-303-090): Identify (circle or fill-in) those codes that best describe your waste(s).

<input checked="" type="checkbox"/> D001 IGNITABLE	<input checked="" type="checkbox"/> D002 CORROSIVE	<input type="checkbox"/> D003 REACTIVE	<input type="checkbox"/> TCLP
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2. Listed (WAC 173-303-9903 and -9904): Fill-in those codes that best describe your waste(s).

F003 F005

3. State-only (WAC 173-303-100, -180, and -9904): Circle those codes that best describe your waste(s).

<input checked="" type="checkbox"/> W001 TOXIC	<input type="checkbox"/> W002 PERSISTENT	<input type="checkbox"/> W003 CARCINOGENIC	<input checked="" type="checkbox"/> W004 LABRACK	<input type="checkbox"/> W005 PCB	<input type="checkbox"/> W006 RECYCLED ANTIFREEZE
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11. COMMENTS: (p. 13) RE: sections 9 & 10. The quantity and type of materials/wastes generated vary considerably on a monthly and yearly basis. Formerly: Puget Sound Tug & Barge

12. NOTIFICATION CHECKLIST (p. 13)

- ☐ Did you sign and date notification form?
☐ Did you keep a copy for your files?
☐ Did you complete the correct sections of this notification form to fit your situation? (See Section 1-Notification)
☐ If you are canceling or withdrawing your EPA Site ID number, you are responsible for annual reports up to the date your regulated dangerous waste activities ended. Did you submit your completed annual report with this request for cancellation or withdraw?

13. CERTIFICATION (p. 14)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

K. Stepho

NAME AND OFFICIAL TITLE (Type or print)

STEPHEN WILSON
MANAGER, ENVIRONMENTAL COMPLIANCE

DATE SIGNED

12/23/94